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<input type="checkbox"/> PCT/IPEA/409-IPER : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____	<input type="checkbox"/> PCT/ISA/210 - Search Report : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ <input type="checkbox"/> NONE
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<input type="checkbox"/> PCT/ISA/237 : <input type="checkbox"/> EP <input type="checkbox"/> JP <input type="checkbox"/> SE <input type="checkbox"/> AU <input type="checkbox"/> US <input type="checkbox"/> FR <input type="checkbox"/> CN <input type="checkbox"/> ES <input type="checkbox"/> RU <input type="checkbox"/> AT <input type="checkbox"/> KR <input type="checkbox"/> _____ <input type="checkbox"/> PCT/IPEA/409 or PCT/ISA/237 was NOT AVAILABLE at the time of paralegal review	<input type="checkbox"/> N/A <input type="checkbox"/> Priority Document was NOT AVAILABLE at the time of paralegal review
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<input checked="" type="checkbox"/> Drawing Figure(s) - (# of drwgs. <u>2</u>)	<input type="checkbox"/> Assignment Document (forwarded to Assignment Branch)
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<input checked="" type="checkbox"/> Application Data Sheet	<input type="checkbox"/> Verified Small Status Statement
<input type="checkbox"/> Power of Attorney	<input checked="" type="checkbox"/> Oath/ Declaration (executed)
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Oath/ Declaration <input type="checkbox"/> unsigned <input type="checkbox"/> no citizenship <input type="checkbox"/> other <input type="checkbox"/> DNA Diskette <input type="checkbox"/> Sequence Listing <input type="checkbox"/> Other : _____

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